Image# 201606069017475847 PAGE 1 / 4

## 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

NAME OF COMMITTEE IN FULL     Comstock for Congress			]	
ADDRESS (number and street) PO Box 831			-	
OUTV OTATE AND SODE			_	
CITY, STATE, and ZIP CODE  Mc Lean	VA 221	Ω1		
2. NAME OF CANDIDATE	3. OFFICE SOUGHT (S		4. FEC IDENTIFICATION N	IUMBER
Honorable Barbara J Comstock	House	VA 10	C00554261	·•···
5. ISTHIS AN AMENDMENT? NO, THIS IS A NEW FILING	YES, IT AMENDS THE	NOTICE FILED ON		
A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month,	Amount
Associated Builders And Contractors Political Acti			day, year)	
			06/06/2016	5000.00
440 NW 1st St				
Suite 200	Transaction ID : F6	55-CN15587		
Washington DC 20001	Occupation			
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Familian		Date (month,	Amount
Business-industry Political Action Committee	Name of Employer	Name of Employer		7 tilloditt
Business-industry Folitical Action Committee			06/06/2016	1000.00
888 NW 16th Street			00/00/2010	1000.00
	Transaction ID : F65-CN15586			
Markington 20000	Occupation			
Washington DC 20006				
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month, day, year)	Amount
Nat'l Assn Of Federal Credit Unions			day, year)	
0400 40th Oter at North			06/06/2016	1000.00
3138 10th Street North	Transaction ID - E6	SE CNAFEOA		
	Transaction ID : F6 Occupation	05-CN 15594	_	
Arlington VA 22201	Occupation			
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month,	Amount
National Stone Sand & Gravel Association Rockpac			day, year)	
			06/06/2016	2000.00
1605 King St				
	Transaction ID : F6	55-CN15584		
Alexandria VA 22314	Occupation			
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month,	Amount
NFIB Safe Trust	Name of Employer		day, year)	
NI ID Sale Trust			06/06/2016	1000.00
1201 F Street NW			00/00/2010	1000.00
Ste 200	Transaction ID : F6	55-CN15585		
Washington DC 20004	Occupation			
		DATE		
SIGNATURE (optional) Mr. Steve Ralls		06/06/2016		ormation contact: ion Commission
	[Electronically Filed]		999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100	
			IoII Free 800-424-95	30, Local 202-694-1100

Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.



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1. NAME OF COMMITTEE IN FULL					
Comstock for Congress					
ADDRESS (number and street) PO Box 831				1	
CITY, STATE, and ZIP CODE				4	
Mc Lean			VA 22101	continuation	n page
2. NAME OF CANDIDATE			3. OFFICE SOUGHT (State and District)	4. FEC IDENTIFICATION	NUMBER
Honorable Barbara J Comstock			House VA 10	C00554261	
5. ISTHIS AN AMENDMENT? NO, THIS IS	A NEW FIL	ING	YES, IT AMENDS THE NOTICE FILED ON	//	
A. FULL NAME, MAILING ADDRESS AND ZIP CODE			Name of Employer	Date (month,	Amount
Mr. Arthur H Bryant Jr			Requested	day, year)	
440.44				06/06/2016	1000.00
112 Maddox Dr			Transaction ID : F65-CN15588		
			Occupation		
Orange	VA	22960	Requested		
B. FULL NAME, MAILING ADDRESS AND ZIP CODE			Name of Employer	Date (month,	Amount
Alexander Buford			Retired	day, year)	
				06/06/2016	1000.00
69 Vineyard Ln			: ID OW		
			Transaction ID : F65-CN15582		
Greenwich	СТ	06831	Occupation Retired		
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			Name of Employer	Date (month,	Amount
Mr. Childs Burden			self	day, year)	
				06/06/2016	1000.00
22857 Carters Farm Ln					
			Transaction ID : F65-CN15589		
Middleburg	VA	20117	Occupation Investor		
D. FULL NAME, MAILING ADDRESS AND ZIP CODE			Name of Employer	Date (month,	Amount
Mr. C. Daniel Clemente			CDC Real Estate	day, year)	
Will G. Barner Greinerite			02011001201010	06/05/2016	2000.00
6908 Benjamin Street					
			Transaction ID : F65-CN15583		
Mclean	VA	22101	Occupation President		
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	***		Name of Employer	Date (month,	Amount
				day, year)	
Mr. Philip Cox			Cox Consulting	06/05/2016	1000.00
6610 Maugh Rd				00/03/2010	1000.00
			Transaction ID : F65-CN15579		
Molean	١/٨	22101	Occupation		
Mclean	VA	22101	Partner		



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Comstock for Congress					
ADDRESS (number and street) PO Box 831				1	
CITY, STATE, and ZIP CODE				-	
Mc Lean			VA 22101	continuation	n page
2. NAME OF CANDIDATE			3. OFFICE SOUGHT (State and District)	4. FEC IDENTIFICATION	NUMBER
Honorable Barbara J Comstock			House VA 10	C00554261	
5. ISTHIS AN AMENDMENT? NO, THIS IS	S A NEW FIL	ING	YES, IT AMENDS THE NOTICE FILED ON	//	
A. FULL NAME, MAILING ADDRESS AND ZIP CODE			Name of Employer	Date (month,	Amount
Mr. Stewart Hall			Crossroads Strategies Inc	day, year)	
				06/06/2016	2500.00
391 Nichols Run Ct			Transaction ID - EGE CNI45500		
			Transaction ID : F65-CN15580 Occupation	_	
Great Falls	VA	22066	Chairman		
B. FULL NAME, MAILING ADDRESS AND ZIP CODE			Name of Employer	Date (month,	Amount
Mrs. Mili McConn			Requested	day, year)	
			·	06/05/2016	2500.00
1301 Dolley Madison Blvd			: ID OW		
			Transaction ID : F65-CN15591	_	
Mc Lean	VA	22101	Occupation Requested		
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			Name of Employer	Date (month,	Amount
Mr Richard McConn			M International Inc.	day, year)	Amount
WI TRICIIAI WICCOIII			withternational inc.	06/05/2016	2500.00
1301 Dolley Madison Blvd				00,00,2010	2000.00
			Transaction ID : F65-CN15590		
Mclean	١/٨	22101	Occupation		
	VA	22101	Executive	Data (manth	Amount
D. FULL NAME, MAILING ADDRESS AND ZIP CODE			Name of Employer	Date (month, day, year)	Amount
Mr. Edwin Phelps			PEI	00/00/0040	4000.00
1009 Basil Road				06/06/2016	1000.00
. 555 245 1.544			Transaction ID : F65-CN15581		
			Occupation		
Mclean	VA	22101	Owner		
E. FULL NAME, MAILING ADDRESS AND ZIP CODE			Name of Employer	Date (month, day, year)	Amount
Mr. Arnold L Punaro			Requested	, , , , , ,	
6918 Bonheim Ct				06/06/2016	1500.00
55.15 Bolincini Ot			Transaction ID : F65-CN15592		
			Occupation		
Mclean	VA	22101	Requested		



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ADDRESS (number and street) PO Box 831  CITY, STATE, and ZIP CODE Mc Lean VA 22101 Continuation page  VA 2101 VA 22101 VA 22101 VA 22101 VA 22101 VA 22101 VA 22101 VA 10  S. ISTHIS AN AMENDMENT? NO.THIS IS A NEW FILING VES, IT AMENDS THE NOTICE FILED ON VA 10  A. FULL NAME, MALLING ADDRESS AND ZIP CODE Mrs. Julia F Punaro 6918 Bonheim Ct  Transaction ID : F65-CN15593 Occupation Requested Requested  B. FULL NAME, MALLING ADDRESS AND ZIP CODE  Name of Employer  Name of Employer Date (month, day, year)  Cocupation  Cocupation  Design (month, day, year)  Date (month, day, year)  Amount D. FULL NAME, MALLING ADDRESS AND ZIP CODE  Name of Employer  D. FULL NAME, MALLING ADDRESS AND ZIP CODE  Name of Employer  D. FULL NAME, MALLING ADDRESS AND ZIP CODE  Name of Employer  D. FULL NAME, MALLING ADDRESS AND ZIP CODE  Name of Employer  D. FULL NAME, MALLING ADDRESS AND ZIP CODE  Name of Employer  D. FULL NAME, MALLING ADDRESS AND ZIP CODE  Name of Employer  D. FULL NAME, MALLING ADDRESS AND ZIP CODE  Name of Employer  D. FULL NAME, MALLING ADDRESS AND ZIP CODE  Name of Employer  Date (month, day, year)  Amount D. FULL NAME, MALLING ADDRESS AND ZIP CODE  Name of Employer  Date (month, day, year)  Amount D. FULL NAME, MALLING ADDRESS AND ZIP CODE  Name of Employer  Date (month, day, year)  Amount D. FULL NAME, MALLING ADDRESS AND ZIP CODE  Name of Employer  Date (month, day, year)  Amount Date (month, day, year)	NAME OF COMMITTEE IN FULL		1	
CITY, STATE, and ZIP CODE Mic Lean  VA 22101  No. THIS IS A NEW FILING  VES. IT AMENDA THE NOTICE FILED ON  A. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  Name of Employer  Name of Employer  Deter (month, day, year)	Comstock for Congress			
Mc Lean  VA 22101  Continuation page  1. OFFICE SOURT (size and District)  4. FEC IDENTIFICATION NUMBER  CO0554261  4. FOLDERTIFICATION NUMBER  CO0554261  5. ISTHIS AN AMENOMENT?  NO, THIS IS A NEW FILING  VES, IT AMENOS THE NOTICE FILED ON  A. FULL NAME, MAILING ADDRESS AND ZIP CODE  Mrs. Julia F Punaro  6918 Bonheim Ct  Transaction ID : F65-CN15593  Occupation  Requested  Date (month, day, year)  Amount day, year)  Occupation  D. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  Date (month, day, year)  Date (month, day, year)  Amount day, year)  D. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  D. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  D. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  D. Date (month, day, year)  D. Date (month, day, year)  D. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  D. Date (month, day, year)  D. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  D. Date (month, day, year)  D. Date (month, day, year)  D. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  D. Date (month, day, year)  D. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  D. Date (month, day, year)	ADDRESS (number and street) PO Box 831			
2. NAME OF CANDIDATE Honorable Barbara J Comstock House VA 10  2. SI STHIS AN AMENDMENT? NO, THIS IS A NEW FILING YES, IT AMENDS THE NOTICE FILED ON A. FULL NAME, MAILING ADDRESS AND ZIP CODE  Mrs. Julia F Punaro 6918 Bonheim Ct Transaction ID : F65-CN15593 Occupation  Design (month, day, year)  CC-FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  Date (month, day, year)  Date (month, day, year)  Amount Amount Agy, year)  Date (month, day, year)  Date (month, day, year)  Amount CC-FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  Date (month, day, year)  Date (month, day, year)  Amount CC-FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  Date (month, day, year)  Cocupation  D. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  Date (month, day, year)  Cocupation  D. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  Date (month, day, year)  Cocupation  D. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  Date (month, day, year)  Amount day, year)  Amount day, year)  Amount day, year)  Amount Amount day, year)  Amount Amount day, year)  Amount Amount day, year)  Amount Amount day, year)	CITY, STATE, and ZIP CODE		-	
House VA 10 CO0554261  5. IS THIS AN AMENDMENT? NO. THIS IS A NEW FILING VES, IT AMENDS THE NOTICE FILED ON  A. FULL NAME, MAILING ADDRESS AND ZIP CODE  Mrs. Julia F Punaro  6918 Bonheim Ct  Transaction ID: F65-CN15593  Occupation  Date (month, day, year)  Occupation  Date (month, day, year)  Amount  Amount  Amount  C. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  Name of Employer  Date (month, day, year)  Occupation  Date (month, day, year)  Occupation  D. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  Date (month, day, year)  Date (month, day, year)  Occupation  D. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  Date (month, day, year)  Occupation  D. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  Date (month, day, year)  Date (month, day, year)  Amount  Amount  Occupation  D. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  Date (month, day, year)  Date (month, day, year)  Amount	Mc Lean	VA 22101	continuatio	n page
S. ISTHIS AN AMENDMENT? NO, THIS IS A NEW FILING YES, ITAMENDS THE NOTICE FILED ON	2. NAME OF CANDIDATE	3. OFFICE SOUGHT (State and District)	4. FEC IDENTIFICATION	N NUMBER
A. FULL NAME, MAILING ADDRESS AND ZIP CODE  Mrs. Julia F Punaro  6918 Bonheim Ct  Mclean  VA 22101  Transaction ID : F65-CN15593 Occupation Requested  Data (month, day, year)  Occupation  Occupation  C. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  Name of Employer  Data (month, day, year)  Occupation  Occupation  Data (month, day, year)  Amount  Amount  Amount  Amount  D. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  Data (month, day, year)  Occupation  D. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  Data (month, day, year)  Occupation  D. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  Data (month, day, year)  Occupation  Data (month, day, year)  Amount  Amount  Amount  Amount  D. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  Data (month, day, year)  Amount  Amo	Honorable Barbara J Comstock	House VA 10	C00554261	
Mrs. Julia F Punaro  6918 Bonheim Ct  Mclean  VA 22101  B. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  Date (month, day, year)  Occupation  D. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  Date (month, day, year)  Occupation  D. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  Date (month, day, year)  Occupation  D. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  Date (month, day, year)  Occupation  Date (month, day, year)  Amount  Occupation  Date (month, day, year)  Amount  Occupation  Occupation  Date (month, day, year)  Amount  Amount  Occupation  Occupation  Date (month, day, year)  Amount  Amount  Amount	5. ISTHIS AN AMENDMENT? NO, THIS IS A NEW FILING	YES, IT AMENDS THE NOTICE FILED ON	/	·
MCIGATER PUNATO  6918 Bonheim Ct  McIdean  VA 22101  B. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  Occupation  Name of Employer  Date (month, day, year)  Occupation  Description  Occupation  Name of Employer  Date (month, day, year)  Occupation  Description  Amount day, year)	A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Amount
G918 Bonheim Ct  Mclean  VA 22101  Transaction ID : F65-CN15593  Occupation  Requested  Name of Employer  Date (month, day, year)  Date (month, day, year)  Date (month, day, year)  Distered (month, day, year)	Mrs. Julia F Punaro	Requested	day, year)	
Molean  WA 22101  Transaction ID: F65-CN15593 Occupation  Requested  Name of Employer  Date (month, day, year)  Occupation  Date (month, day, year)  Occupation  District (month, day, year)  Date (month, day, year)  Occupation  District (month, day, year)  Date (month, day, year)  Occupation  District (month, day, year)  Occupation  District (month, day, year)  Occupation  District (month, day, year)  Date (month, day, year)  Occupation  District (month, day, year)  Date (month, day, year)  Occupation  Date (month, day, year)  Occupation  Occupation  Date (month, day, year)  Occupation  Date (month, day, year)  Occupation  Date (month, day, year)		·	06/06/2016	1500.00
Mclean  VA 22101  Requested  Name of Employer  Date (month, day, year)  C. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  Date (month, day, year)  Occupation  Date (month, day, year)  Amount day, year)  D. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  Date (month, day, year)  Date (month, day, year)  Amount day, year)  Date (month, day, year)  Date (month, day, year)  Name of Employer  Date (month, day, year)  Date (month, day, year)  Amount day, year)	6918 Bonheim Ct			
Mclean  WA 22101  Requested  Name of Employer  Date (month, day, year)  C. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  Date (month, day, year)  Occupation  Date (month, day, year)  Amount  Occupation  D. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  Date (month, day, year)  Date (month, day, year)  Amount  Amount  D. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  Date (month, day, year)  Amount			-	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  Occupation  Date (month, day, year)  Amount  Occupation  Description  Description  Date (month, day, year)  Amount  Occupation  Description  Date (month, day, year)  Amount  Occupation  Description  Date (month, day, year)  Amount  Amount  Description  Date (month, day, year)  Amount  Description  Descript	Mclean VA 22101	•		
C. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  Date (month, day, year)  Occupation  Date (month, day, year)  Amount  Occupation  Date (month, day, year)  Amount  Occupation  Date (month, day, year)  Amount  Date (month, day, year)  Amount  Date (month, day, year)	B. FULL NAME, MAILING ADDRESS AND ZIP CODE			Amount
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Occupation  D. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  Date (month, day, year)  Occupation  Description  Description  Description  Description  Description  Description  Description  Description  Amount day, year)		Occupation		
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D. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  Date (month, day, year)  Occupation  Date (month, day, year)  Amount  Amount  Amount  Amount  Amount  Amount  Amount				
Occupation  E. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  Date (month, day, year)  Amount day, year)		Occupation		
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E. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  Date (month, day, year)				
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Occupation	E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Amount
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